

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1460  
Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge LENGTH OF STAY (in this place) 28 yrs			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge STREET ADDRESS (If rural, give location) RFD # 1		
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 1					
3. NAME OF DECEASED (Type or Print)		(First) CLARA (Middle) MAY (Last) ANDREWS	4. DATE OF DEATH FEB 18 (Year) 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/4/1887	9. AGE last birthday 63	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		
13. FATHER'S NAME Stephen O. LeCompte			11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. none 17. INFORMANT AND ADDRESS T. LeCompte Andrews, Cambridge, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>331X Immediate cause (a) Cerebral Hemorrhage (Cerebral) 2 days</p> <p>61 Antecedent cause(s) (b) Arterio-sclerosis &amp; Atherosclerosis 5 yrs.</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension 5 yrs.</p> <p>Prostate trouble 5 yrs.</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/10, 1951, to 2/18, 1951, that I last saw the deceased alive on 2/18, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Selby E. Scoville, M.D. Cambridge, Md. 2/18/51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 2/20/1951	NAME OF CEMETERY OR CREMATORIAL East New Market	LOCATION (City, town, or county) (State) East New Market Md.	
DATE REC'D BY LOCAL REG. Feb. 22, 1951		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.		24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland	



## MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

1461

Reg. Dist. No. 1.1.6

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	7 Charles Street	STREET ADDRESS	7 Charles Street
3. NAME OF DECEASED (Type or Print)	(First) Willie Beechum	(Middle)	(Last)
4. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	Negro	MARRIED	about 1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labourer		North Carolina	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Unknown	Unknown		
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
		Florence Beechum Cambridge, Md	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

982x	Immediate cause (a) Hemorrhage	Antecedent cause(s) (b) Stop wound Pulmonary artery	INTERVAL BETWEEN ONSET AND DEATH 1 hr.
167	Diseases or conditions, if any, giving rise to the above cause (c) stating the underlying cause last		

II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
TIME (Month) (Day) (Year)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
OF INJURY 2 17 51 1951	INJURY	Cambridge, Md
Hour 30 m.	While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?
		Stabbed by wife

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide  undetermined .

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF 2-26-51	NAME OF CEMETERY OR CREMATORIUM Hebrew Cemetery, North Carolina	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 2-22-1951	REGISTRAR'S SIGNATURE John Moore, Jr., M.D.	24. FUNERAL DIRECTOR Lewis Baumum	ADDRESS Cambridge, Maryland 970000



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## MARYLAND STATE DEPARTMENT OF HEALTH

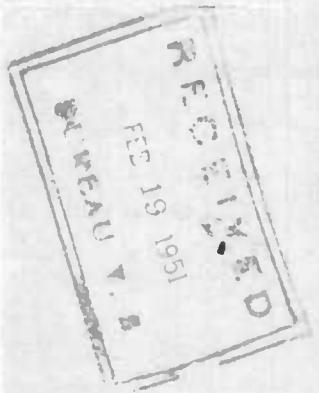
2411 N. Charles Street, Baltimore

1462

Reg. Dist. No. 110

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland DORCHESTER		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Rhodesdale - Rural (in this place) Lite			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Brookview			STREET ADDRESS (If rural, give location) Near Brookview		
3. NAME OF DECEASED (Type or Print)	(First) D.	(Middle) Linwood	(Last) Brinsfield	4. DATE OF DEATH February 6	(Month) (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Aug. 20, 1876	9. AGE last birthday 74 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner			10b. KIND OF BUSINESS OR INDUSTRY Farm		
11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Dennard H. Brinsfield			14. MOTHER'S MAIDEN NAME Virginia Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. - None		
17. INFORMANT AND ADDRESS Calvin L. Brinsfield, Cambridge, Md.			18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  154x Immediate cause (a) <i>Carcinoma Rectum</i> INTERVAL BETWEEN 46d Antecedent cause(s) onset and death Diseases or conditions, if any, (b) _____ giving rise to the above cause stating the underlying cause last (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from ..... 1948 to Feb 6, 1951, that I last saw the deceased alive on Feb 5, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above. SIGNATURE <i>M. B. Stuhman</i> (Degree or title) M. D. ADDRESS DATE SIGNED Sharptown, Maryland February 9, 1951					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 9, 1951	NAME OF CEMETERY OR CREMATORIAL Brookview Cemetery	LOCATION (City, town or county) Rhodesdale, Md., R.F.D. (State)		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Charles A. Estings</i>	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.			ADDRESS



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1463

Reg. Dist. No. 116

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Franklin Street		STREET ADDRESS (If rural, give location) 105 Franklin Street	
3. NAME OF DECEASED (Type or Print)	(First) EDGAR	(Middle) M	(Last) CANNON
4. DATE OF DEATH FEB 10 1951	5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/5/1887	9. AGE last birthday 63 yrs.	If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman	10b. KIND OF BUSINESS OR INDUSTRY Fishing Indust.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME James Cannon	14. MOTHER'S MAIDEN NAME Julia Mason		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) unknown	16. SOCIAL SECURITY NO. not known	17. INFORMANT AND ADDRESS Mrs. Amelia Willey Cannon	Cambridge, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

443x

Immediate cause

(a) Cerebral Accedens

2 min.

131a

Antecedent cause(s)

(b) Arteriosclerotic hypertensive cardiac  
vascular renal disease

5 years

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR?		
OF INJURY	m.	Not While At work			

22. I hereby certify that I attended the deceased from Dec. 7, 1949, to Feb. 10, 1951, that I last saw the deceased

alive on Feb. 9, 1951, and that death occurred at 1:25 P.M., from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	2/12/1951	Dorchester Memorial Park, Cambridge, Maryland		
DATE REC'D BY LOCAL REG.	REG. 2-12-51	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		John Maca Jr. M.D.	LeCompte Funeral Service,	
			910126 Cambridge, Maryland	



**MARYLAND STATE DEPARTMENT OF HEALTH**  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY		Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
TOWN Cambridge		Life		STREET ADDRESS 25 Hubert Street (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		25 Hubert Street			
3. NAME OF DECEASED (Type or Print)		(First) GEORGE J. CLASH (Middle)		(Last)	
4. DATE OF DEATH		(Month) February		(Day) 28 (Year) 1951	
5. SEX Male		6. COLOR OR RACE Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 9-12-1900		9. AGE last birthday 50 yrs.		10. KIND OF BUSINESS OR INDUSTRY Food Factory	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Emory Clash		14. MOTHER'S MAIDEN NAME Ellen Plater			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-18-4274		17. INFORMANT AND ADDRESS Mrs. Ruby Clash, Cambridge, Md.	

MARGIN RESERVED FOR BINDING

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**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

### INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

1 hour

### **Antecedent cause(s)**

(b) Hypertensive cardio-vascular disease.

- 8 -

giving rise to the above cause  
stating the underlying cause last

(e)

## II. OTHER SIGNIFICANT CONDITIONS

**Conditions contributing to the death but not related to the disease or condition causing death**

| 20. AUTOPSY |

Yes  No

**19a. DATE OF OPERATION**      **19b. MAJOR FINDINGS OF OPERATION**

**INTERNAL CAUSE** WAS  
**PRIMARY**  **OR CONTRIBUTING**   
PLACE (HOME, FARM, FACTORY, STREET,  
OF office bldg., etc.) (CITY OR TOWN) (COUNTY)

(COUNTY) (STATE)

**CAUSE OF DEATH.**      **INJURY**

**TIME (Month) (Day) (Year) (Hour)**    **INJURY OCCURRED**    **HOW DID INJURY OCCUR?**

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined .

## SIGNATURE

(Degree or title)  ADDRESS

**DATE SIGNED**

~~John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md.~~ 3-1-1951

23. BURIAL, CREMATION  
BURIAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)  
Buryal 3-4-51 Waugh Cemetery Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

March 11, 1951 John Mace, Jr., n.s. Herbert M. St. Clair, Jr.  
Cunningham Maryland

Cambridge, Maryland 930422



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

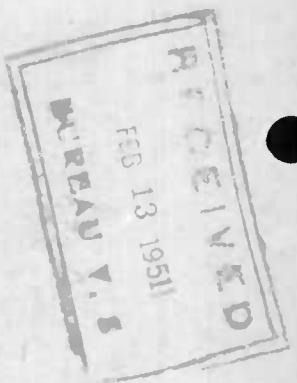
2411 N. Charles Street, Baltimore

1465

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <i>Dorchester</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>		COUNTY <i>Dor.</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Cambridge</i>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Cambridge</i>		(If rural, give location) STREET ADDRESS <i>302 Mair Street</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>302 Mair Street</i>							
3. NAME OF DECEASED (Type or Print) <i>Emily F. Colder</i>		(First) (Middle) (Last)		4. DATE OF DEATH <i>Feb 8</i>		(Month) (Day) (Year) <i>1951</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Mar 11 1911</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		9. AGE last birthday <i>39 yrs.</i>		11. BIRTHPLACE (State or foreign country) <i>K.F.D #3 Cambridge Md</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>							
13. FATHER'S NAME <i>William Jackson</i>		14. MOTHER'S MAIDEN NAME <i>Annie Ennells</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <i>George Colder, Cambridge Md</i>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <i>Diabetes Mellitus</i>		(a) _____		INTERVAL BETWEEN ONSET AND DEATH			
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>61</i>		(b) _____					
		(c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-17, 1951</i> , to <i>2-8, 1951</i> , that I last saw the deceased alive on <i>1-7-51</i> , and that death occurred at <i>5:05 A.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>J.E. Brady Jr.</i>		(Degree or title) <i>MD</i>		ADDRESS <i>232 Cedar St. Cambridge Md.</i>		DATE SIGNED <i>2-8-51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>2/11/51</i>		NAME OF CEMETERY OR CREMATORIAL <i>Waugh Cemetery</i>		LOCATION (City, town, or county) (State) <i>Cambridge Md.</i>	
DATE REC'D BY LOCAL REG. <i>2-9-51</i>		REG. <i>John Mac Jr. M.D.</i>		REG. <i>John Mac Jr. M.D.</i>		24. FUNERAL DIRECTOR ADDRESS <i>Herbert M. St. Clair, Jr., Cambridge Md.</i>	



## MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1466

1. PLACE OF DEATH CITY OR TOWN		Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS	
TOWN		56 yrs		TOWN		Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Cambridge Md. Hospital		STREET		209 Bay Street	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH Month (Day) (Year)		
Male		Howard	Randolph	Cooper	Feb	26	1951
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED,		8. DATE OF BIRTH		9. AGE last birthday	
white		Married		Oct 17 1888		62	yrns. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Retired Barber		owner		Wicomico Co. Md.		45	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Albert R. Cooper		Delta white					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
(Yes, no, or unknown) <i>No</i>		none		Mrs Bertha Cooper, Cambridge		<i>Coronary thrombosis.</i>	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause

(a)

94a Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN  
ONSET AND DEATH

6 hours

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) OF INJURY		(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work	Not While At work	HOW DID INJURY OCCUR?				

22. I hereby certify that I attended the deceased from *2-26*, 19*51*, to *2-26*, 19*51*; that I last saw the deceasedalive on *2-26 1951*, and that death occurred at *2:45 P* m., from the causes and on the date stated above.  
SIGNATURE: *Albert Bunker, M.D.* (Degree or title) ADDRESS: *9 Rue St. Cambridge - Maryland* DATE SIGNED: *2-22-51*

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, Town, or county)		(State)	
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DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
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March 1, 1951		John Mace, Jr., M.D.		Secrest & Thomas		Cambridge Md.	
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740-444							
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1467

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <b>Dorchester</b>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Cambridge</b>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Cambridge</b>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>406 Pine St.</b>			STREET ADDRESS <b>406 Pine St. Cambridge, Md.</b>		
3. NAME OF DECEASED (Type or Print) <b>Alberta A</b>		(First) (Middle)	(Last) <b>Cornish</b>		4. DATE OF DEATH <b>Feb. 7 1951</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Unknown 1866</b>	9. AGE last birthday <b>84</b>	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13. FATHER'S NAME <b>Mosses Chester</b>			14. MOTHER'S MAIDEN NAME <b>John A. Hughes</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS <b>John A. Cornish 406 Pine St. Md.</b>			18. MEDICAL CERTIFICATION		

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

(a) **Coronary occlusion**

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-5 1951**, to **2-7- 1951**, that I last saw the deceasedalive on **2-7- 1951**, and that death occurred at **6:50 P.m.**, from the causes and on the date stated above.

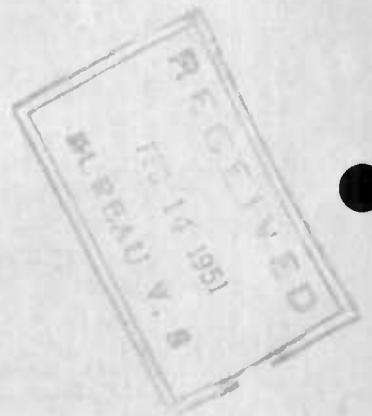
SIGNATURE

(Degree or title)

DATE SIGNED

**232 Cedar St. Cambridge, Md. 2-9-51**

23. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>Feb. 11, 1951</b>	NAME OF CEMETERY OR CREMATORIAL <b>Bethel Cemetery</b>	LOCATION (City, town, or county) <b>Cambridge, Maryland</b>	(State)
DATE REC'D BY LOCAL REG. <b>11 - 51</b>		REGISTRAR'S SIGNATURE <b>John Mace Jr. M.D.</b>	24. FUNERAL DIRECTOR ADDRESS <b>Lewis H. Baynuem Cambridge, Md.</b>		



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1468

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY		Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		Cambridge LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Cambridge Md. Hosp.		STREET ADDRESS		2 Allen Street	
3. NAME OF DECEASED (Type or Print)		(First) James (Middle)	(Last)	4. DATE OF DEATH		(Month) Feb	(Day) 26 (Year) 1951
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		9. AGE last birthday	If under 1 year Months Days Hours 47 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		Dorchester Co., Md	USA
13. FATHER'S NAME		Noah Cornish		14. MOTHER'S MAIDEN NAME		Elizabeth Cornish	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		Mrs Priscilla Hayward, Cambridge, Md	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

442x Immediate cause

(a)

Arenia

131a Antecedent cause(s)

(b)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(c)

Hyper tension, Cardio renal vascular disease

optic atrophy - .

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY							
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m.	HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from Jan. 23, 1951, to Feb 26, 1951, that I last saw the deceased

alive on Feb 26, 1951, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

Signature

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial		Mar. 1, 1951	Waugh Cemetery	Cambridge, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
March 1, 1951		John Mac, Jr. S. S.		Herbert M. St. Clair, Jr. Camb., Md.	

970346



## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The ~~covert~~ age  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

1469

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		LENGTH OF STAY (In this place) 2 hrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna, Md.	

3. NAME OF DECEASED (Type or Print)	Tyron (First)	Baby (Middle)	Boys (Last)	4. DATE OF DEATH Feb. 2 1951
5. SEX	Male	6. COLOR OR RACE	Black	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Cambridge, Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Herbert Cornish	14. MOTHER'S MAIDEN NAME Celia Mae Young	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Hospital Records.	18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 762.0	(a) Congenital atelectasis 2 days
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last 161a	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	------------------------	----------------------------------	--------------

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m. work <input type="checkbox"/> at work <input type="checkbox"/>	INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
SIGNATURE <i>John Macay MD</i>	(Degree or title) M.D.	ADDRESS	DATE SIGNED 2/3/51	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-5-51	NAME OF CEMETERY OR CREMATORIAL Facility Cemetery	LOCATION (City, town, or county) Cambridge Md.	(State)
DATE REC'D BY LOCAL REG.	REGISTRATION'S SIGNATURE John Macay MD	24. FUNERAL DIRECTOR Lewis H. Baynes Cambridge	ADDRESS Md.	







## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1471

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Cambridge (In this place) 1 day			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.			STREET ADDRESS Stone Boundry Rd. Rt. #2		
3. NAME OF DECEASED (Type or Print)	(First) EMERSON	(Middle)	(Last) DRYDEN	4. DATE OF DEATH FEB 6	(Month) (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 11/17/1950	9. AGE last birthday none yrs.	If under 1 year Months 2 Days 19 Hours 1 Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (never employed)			10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Clarence Dryden			12. CITIZEN OF WHAT COUNTRY U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Clarence Dryden- Cambridge, Md. Rt. #2	
18. MEDICAL CERTIFICATION					
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>Immediate cause (a).....</p> <p>757.2 Antecedent cause(s) (b).....</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).....</p> <p>83a</p> <p>States Thymo-lymphaticus.</p> <p>Cerebral hemorrhage</p> <p>Hypoparathyroidism</p> <p>2 mos 9 days</p> <p>" "</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? 12:50 p.m.
22. I hereby verify that I attended the deceased from ..... , 1950, to ..... , 1951, that I last saw the deceased alive on ..... , 1951, and that death occurred at ..... m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>John Bunker</i> <i>MD</i> <i>9 Rae St. Cambridge 2-651</i>					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/7/1951	NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Park, Cambridge, Maryland	LOCATION (City, town, & county) (State)		
DATE REC'D BY LOCAL REG. 2-7-51	REGISTRAR'S SIGNATURE <i>John Macayo MD</i>	24. FUNERAL DIRECTOR LeCompte Funeral Service,			ADDRESS



Evidence change  
item 10 on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1472

116

FD NO. 6 131 FEB 23 1951

Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN near Cambridge		LENGTH OF STAY (In this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Snow Hill (rural)		STREET ADDRESS Newark (If rural, give location)
HOSPITAL OR STREET ADDRESS Eastern Shore State Hospital					
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) C.	(Last) Hayward	4. DATE OF DEATH Feb. 12	(Month) (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH Jan. 18, 1878	9. AGE last birthday 73 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Snow Hill, Md.	
13. FATHER'S NAME George Hayward			14. MOTHER'S MAIDEN NAME Sally Boone		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. C.M. Reed, 418 W Stafford St. Phila.	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Coronary Occlusion					
Immediate cause (a) Antecedent cause(s) General Arterio-Sclerosis, Nephrosclerosis also					
Diseases or conditions, if any, (b) giving rise to the above cause Several Years					
stating the underlying cause last					
(c) Senile Psychosis with Cerebral Arterio-Sclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH SKYEWXXI	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 2, 1951, to Feb. 12, 1951, that I last saw the deceased alive on Feb. 12, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED					
R. Blackwelder, M.D. Eastern Shore State Hospital Feb. 12, 1951					
23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. 2-14-52		REGISTRAR'S SIGNATURE John MacC. M.D.	24. FUNERAL DIRECTOR ADDRESS VVV609		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1473

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 Cedar Street		STREET ADDRESS 222 Cedar Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) JOSIAH F. HENRY, SR.	(Middle)	(Last)
4. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-7-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodyard Business	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 84 yrs.	11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Henson Henry	14. MOTHER'S MAIDEN NAME Mary Ann Kean	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war <sup>no</sup> dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Leon W. Henry (Son)	

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

4500	Immediate cause (a) <i>Stuttering</i>	2 mos
97	Antecedent cause(s) (b) <i>Psychosis, suicide</i>	1 yr
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>At this pleasure you never?</i>	

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY?

Yes  No 

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1951, to Feb. 18, 1951, that I last saw the deceased

alive on Feb. 18, 1951, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

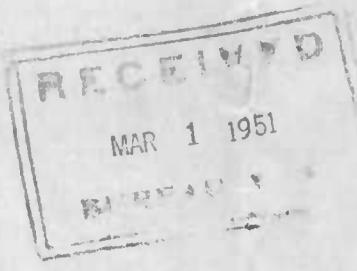
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Burial 2-22-1951	NAME OF CEMETERY OR CREMATORIUM Bethel Cemetery	LOCATION (City, town, or county) (State) Cambridge, Maryland
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DATE REC'D BY LOCAL REG. 27. 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR Lewis Henry, M.D., Cambridge, Md.
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222 Cedar Street

970647







## MARGIN RESERVED FOR BINDING

Evidence for change  
in #1 shown on:

## MARYLAND STATE DEPARTMENT OF HEALTH

1475

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

FILE NO. G 131 MAR 5 1951

1. PLACE OF DEATH: COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge Crapo		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 Washington Street		STREET ADDRESS (If rural, give location) 58 Washington Street	
3. NAME OF DECEASED (Type or Print)	(First) James Edward Johnson	(Middle)	(Last)
4. SEX Male	5. COLOR OR RACE Negro	6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	7. DATE OF BIRTH Unknown 1889
8. AGE last birthday 61 yrs.	9. AGE under 1 year Months 11	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Crapo, Maryland
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Julia Johnson	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH  
5 min

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED  
2/20/51

23. BURIAL, CREMATION (Specify) BUYER	DATE THEREOF 2-21-51	NAME OF CEMETERY OR CREMATORIAL Crapo Cemetery	LOCATION (City, town, or county) Crapo, Maryland	(State)
--	-------------------------	---	---	---------

DATE REC'D BY LOCAL REG. Feb. 22, 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	FUNERAL DIRECTOR Lewis H. Bayneum, Cambridge, Md.	ADDRESS 910126
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## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition  
in 18 shown on:

HIN No. G 131 FEB 26 1951

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

1476

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		LENGTH OF STAY (In this place) 1 day		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge - Maryland Hospital		STREET ADDRESS		(If rural give location)			
3. NAME OF DECEASED (Type or Print) Martin		(First) (Middle) (Last)		4. DATE OF DEATH February 11 1951		(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Unknown	9. AGE last birthday About 70 yrs.	If under 1 year Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Josephine Hooper, Vienna, Md.			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

792 X Immediate cause (a) Uremia  
132 Antecedent cause(s) (b) (Underlying cause Unknown - 2-21-51 - ams)  
Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last (c)

2 days

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED  
2-13-51

Deputy Medical Examiner Cambridge, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 14, 1951	NAME OF CEMETERY OR CREMATORIAL Vienna Colored Cemetery	LOCATION (City, town, or county) Vienna, Maryland	(State)
---	----------------------------	---	---	---------

DATE REC'D BY LOCAL REG. 2-13-51	REGISTRAR'S SIGNATURE John Mace Jr. M.D.	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS
----------------------------------	--	--	---------



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

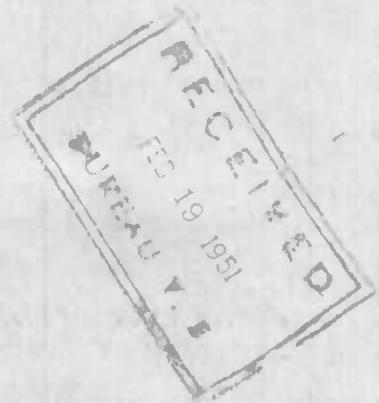
2411 N. Charles Street, Baltimore

1477

Reg. Dist. No. 16

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) LINWOOD	(Middle) EMORY	(Last) LANE
4. DATE OF DEATH	(Month) Dec	(Day) 16	(Year) 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH
male	white		11/25/73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday	11. BIRTHPLACE (State or foreign country)
capt. of sailing vessel		77 yrs.	Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
unknown	unknown		
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	12. CITIZEN OF WHAT COUNTRY?
unknown	unknown	Eastern Shore State Hospital Records	U.S.
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
153x Immediate cause	(a) Hypostatic pneumonia		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of descending colon		
462	(c) General Arteriosclerosis		
2 days diagnosed sev. weeks ago.			
Senile years one week			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to Cerebral Arteriosclerosis			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work m.	HOW DID INJURY OCCUR?	(COUNTY)
OF INJURY	Not While At work	DATE SIGNED	(STATE)
22. I hereby certify that I attended the deceased from <u>Sept. 22, 1957</u> , to <u>Sept. 16, 1957</u> , that I last saw the deceased alive on <u>Sept. 16, 1957</u> , and that death occurred at <u>9:45 a.m.</u> from the causes and on the date stated above.			
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
<u>Alfred S. Ledermann M.D.</u>		<u>Eastern Shore State Hosp. Cambridge, Md.</u>	<u>Sept. 16, 1957</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)
	<u>July 19-51</u>	<u>Stearnsville</u>	<u>Stearnsville Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2-16-51</u>	<u>John Macay Jr. M.D.</u>	<u>Eastern Bays Centerville. Md.</u>	<u>240546</u>



## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

1476

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glasgow Street			STREET ADDRESS Glasgow Street		
3. NAME OF DECEASED (Type or Print)		(First) Maggie	(Middle) Webb	(Last) Marshall	4. DATE OF DEATH Feb. 5 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Min.
female	white	WIDOWED	7-7-1871	79 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Webb			14. MOTHER'S MAIDEN NAME Mary Ann Reid		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Miss Nellie Marshall Washington, DC	

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause <i>445X</i>	(a) Cerebral Hemorrhage	5 min.
Antecedent cause(s) <i>93d</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease	?

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED White at work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

DATE SIGNED

John M. O. Deputy Medical Examiner Cambridge, Maryland

2-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-7-1951	NAME OF CEMETERY OR CREMATORIUM Greenlawn Cemetery	LOCATION (City, town, or county) Cambridge, Maryland	(State)
DATE REC'D BY LOCAL REG.	REGISTER'S SIGNATURE John Mace Jr. M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service	ADDRESS Cambridge, Maryland	



## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

1479

Reg. Dist. No. 116

1. PLACE OF DEATH- CITY CITY (If outside corporate limits, write RURAL and OR give nearest town) Dorchester		MARYLAND LENGTH OF STAY At this place		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 High Street		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge		STREET ADDRESS 305 High Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print) NELLIE ELLEN NUTTER		(First) (Middle) (Last)		4. DATE OF DEATH February 23, 1951 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify)	8. DATE OF BIRTH 4-30-1887	9. AGE last birthday 63 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private Homes		11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.	
13. FATHER'S NAME Wesley Deshields		14. MOTHER'S MAIDEN NAME Luvenia Newnam		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Evelyn Davis, Chester, Pa.	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420-1 Immediate cause

(a) Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

5 Min.

## Antecedent cause(s)

94a Disease or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	---	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
--	--	-----------------------

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: Natural causes , accident , suicide , homicide , undetermined .

## SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 2-24-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-27-51	NAME OF CEMETERY OR CREMATORIAL Braugh Cemetery	LOCATION (City, town, or county) Cambridge, Maryland	(State)
--	-------------------------	--	---	---------

DATE REC'D BY LOCAL REG. Feb. 26, 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M. D.	24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr.	ADDRESS Cambridge, Maryland 720826
--	--	---	---------------------------------------



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change  
in 3 shown on:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1480

HUM NO. G 151 MAR 21 1951

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH.  
COUNTYDorchester MARYLAND  
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY  
OR give nearest town) (in this place)

TOWN madison and 2 yrs

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

madison, md

3. NAME OF  
DECEASED  
(Type or Print)

male Colored

Andrew Andrew Ophler

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,

Married

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or rates of  
service)

no

16. SOCIAL SECURITY NO.

X22-045445

17. INFORMANT AND ADDRESS

mary Ophler, wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s)

Disease or conditions, if any, (b)

giving rise to the above cause  
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 21. ACCIDENT (Specify)  
SUICIDE  
HOMICIDEPLACE (Home, farm, factory, street,  
OF office bldg., etc.)

INJURY

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED

While at Work Not While At work 

m.

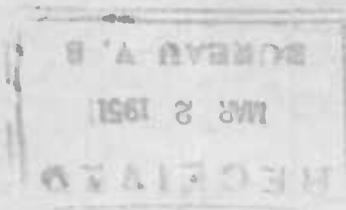
HOW DID INJURY OCCUR?

DATE (City or Town)

(County)

(State)

INJURY



Evidence change  
item 9

# MARYLAND STATE DEPARTMENT OF HEALTH

**2411 N. Charles Street, Baltimore**

1481

6 131 FEB 23 1950 CERTIFICATE OF DEATH

**Reg. Dist. No.**

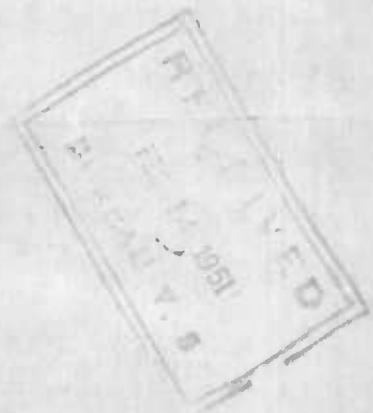
116

I. PLACE OF DEATH COUNTY <u>Dorchester</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		COUNTY <u>Somerset</u>						
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Town of Cambridge</u>		LENGTH OF STAY (in this place) <u>2 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Westover</u>		(If rural, give location) <u>--</u>						
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS <u>--</u>		4. DATE OF DEATH <u>Rue</u>		(Month) <u>Oct.</u>	(Day) <u>11</u>	(Year) <u>1957</u>				
3. NAME OF DECEASED (Type or Print)	(First) <u>Julia</u>	(Middle) <u>Adkins</u>	(Last) <u>Rue</u>	5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-9-1879</u>	9. AGE last birthday <u>76</u>	If under 1 year Months <u>71</u>	If under 24 hrs Days <u>yrs.</u>	Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>						
13. FATHER'S NAME <u>Joseph Wheatley</u>		14. MOTHER'S MAIDEN NAME <u>Mary Parsons</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital Records</u>				

MARGIN RESERVED FOR BINDING

**E PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. It is especially important. Physicians: Please write the causes of death clearly and legibly.

18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
443x Immediate cause (a) Cerebral hemorrhage 4 weeks					
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease 1946					
(c) Senile Psychosis with cerebral arteriosclerosis Nov. 1950					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-8-50, 19....., to 2-10, 19....., that I last saw the deceased alive on 2-10, 19....., and that death occurred at 3 p.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>Ry Blackwelder, M.D.</i> E.S.S. Hospital, Cambridge, Maryland X					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-13-1951	NAME OF CEMETERY OR CREMATORIAL All Saint Cemetery	LOCATION (City, town, or county) Monie, Maryland	(State)	
DATE REC'D BY LOCAL REG. 2-12-51	REGISTRAR'S SIGNATURE <i>John Macu Jr. M.D.</i>	24. FUNERAL DIRECTOR <i>Alvin R. Wilson</i>	ADDRESS Princess Anne, Maryland		



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY <u>Dorchester</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		COUNTY <u>Dorchester</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Surlock</u>		LENGTH OF STAY (in this place) <u>All life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Surlock</u>		(If rural, give location) STREET ADDRESS <u>Taylor Ave.</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS								
3. NAME OF DECEASED (Type or Print)		(First) <u>Martin</u>	(Middle) <u>Luther</u>	(Last) <u>Sellers</u>	4. DATE OF DEATH	(Month) <u>2</u>	(Day) <u>15</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLED, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/8/1902</u>	9. AGE last birthday yrs. <u>48</u>	If under 1 year Months <u>0</u>	Days <u>0</u>	If under 24 hrs. Hours <u>0</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gov. of Maryland</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Apparel Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>A.S.A.</u>		
13. FATHER'S NAME <u>Frank Sellers</u>		14. MOTHER'S MAIDEN NAME <u>Leanne Baker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>                  </u>		
17. INFORMANT AND ADDRESS <u>Mrs Martin L. Sellers (wife)</u>		18. MEDICAL CERTIFICATION						

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1(a) Coronary ThrombosisINTERVAL BETWEEN  
ONSET AND DEATH  
1 hourAntecedent cause(s) 94aDiseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

Conditions contributing to the death but not related to the disease or condition causing death.

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not

related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 21. ACCIDENT (Specify) | PLACE (Home, farm, factory, street,  
SUICIDE OF office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

INJURY

TIME (Month) (Day) (Year) (Hour) | INJURY OCCURRED  
OF While at Not While  
INJURY m. Work  At work  HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from Feb 15, 1951, to Feb. 15, 1951, that I last saw the deceasedalive on Feb. 15, 1951, and that death occurred at 6:00 A.m. from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED  
2/15/5123. BURIAL, Cremation  
REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORIAL | LOCATION (City, town, or county) | (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

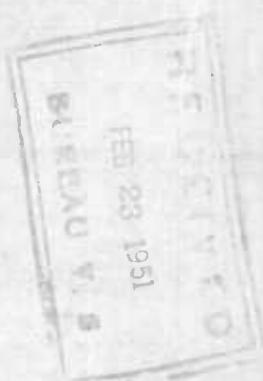
REC'D Feb 18-1951 SIGNATURE Chas. Hastings ADDRESS Willow Valley

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



## MARYLAND STATE DEPARTMENT OF HEALTH

1483

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Dorchester</i> MARYLAND		<i>Maryland</i> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
<i>Hurlock</i>	<i>4 hours</i>	<i>Hurlock</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (First) <i>Infant</i> (Middle) <i>Simmons</i> (Last)		4. DATE OF DEATH <i>February 24 1951</i> (Month) (Day) (Year)	
5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>single</i>	
8. DATE OF BIRTH <i>Feb. 24, 1951</i>		9. AGE last birthday If under 1 year Months <i>0</i> Days <i>0</i> Hours <i>4</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Howard Mae Simmons</i>		14. MOTHER'S MAIDEN NAME <i>Lorraine Saunders</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother</i>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

(a)

*prematurity**4 hrs.*

Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b)

*acute infectious disease of mother**1 day*

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE <i>X</i>	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6:30; 2/24/51*, to *10:30; 2/24/51*, 1951, that I last saw the deceased  
alive on *2/24/51*, and that death occurred at *10:30 A.M.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>2/24/1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Hoopers Island Md Below Cambridge md</i>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Charles Hastings</i>	24. FUNERAL DIRECTOR <i>Howard Mae Simmons, Father</i>	ADDRESS <i>Hurlock Md</i>

102 241202261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1484

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Hurlock - Rural Life (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waddell's Corner			STREET ADDRESS Waddell's Corner (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Ollie I. A.		(First) (Middle) (Last)		4. DATE OF DEATH February 6 1951	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 12, 1891	9. AGE last birthday 60	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		
13. FATHER'S NAME Stephen Cephas			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Ernest Spry, Hurlock, Maryland, R.F.D.		

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260x Immediate cause

(a) Pulmonary Embolism

INTERVAL BETWEEN  
ONSET AND DEATH  
acute

Antecedent cause(s)

(b) Gastritis, st. foot &amp; leg

2 mo

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(c) Diabetes mellitus; hypertension

Unknown

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Hypertension CVD

?

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				

22. I hereby certify that I attended the deceased from ..... 19 ..., to Feb 6, 1951, that I last saw the deceased

alive on Feb 2, 1951, and that death occurred at 6:13 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 10, 1951	NAME OF CEMETERY OR CREMATORIUM Petersburg Cemetery	LOCATION (City, town, or county) Near Hurlock, Maryland	(State)
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DATE REC'D BY LOCAL REG. Feb 10, 1951	REGISTRAR'S SIGNATURE Charles H. Hartney	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

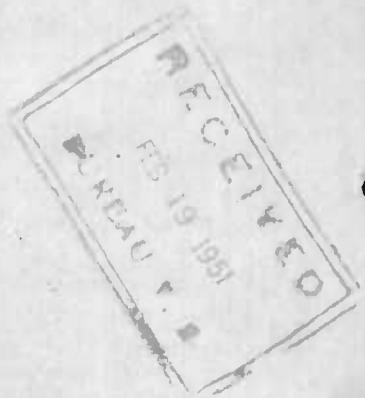
2411 N. Charles Street, Baltimore

1485

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		STREET ADDRESS 115 Muir Street (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) WASHINGTON	(Last) TALL	
4. DATE OF DEATH	(Month) Feb.	(Day) 14	(Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 5/22/1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) blacksmith	10b. KIND OF BUSINESS OR INDUSTRY OWN Blacksmith Shop	11. BIRTHPLACE (State or foreign country) Madison, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Tall	14. MOTHER'S MAIDEN NAME Hopkins (?)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS Eastern Shore State Hospital Records		
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
33bx	Immediate cause (a) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH few minutes		
83a	Antecedent cause(s) (b) General Arteriosclerosis Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last	several yrs.		
	(c) Cerebral Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	1 year		
20. AUTOPSY?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (INJURY)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 5, 1951, to Feb. 14, 1951, that I last saw the deceased alive on Feb. 14, 1951, and that death occurred at 10 <sup>10</sup> a.m., from the causes and on the date stated above.				
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED	
<i>Aledemann</i>	<i>100</i>	<i>E.S.S.H. Cambridge Md</i>	<i>2/14/51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/16/51	NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Park, Cambridge, Maryland	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>John Magee Jr. M.D.</i>	24. FUNERAL DIRECTOR LeCompte Funeral Service, 501817	ADDRESS	
2-15-51		Cambridge, Maryland		



## MARYLAND STATE DEPARTMENT OF HEALTH

1486

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Holly (rural)		
TOWN Mt. Holly (rural)			STREET ADDRESS Rt. #50 (nr. Cambridge)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #50 (nr. Cambridge)					
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) J.	(Last) Thomas	4. DATE OF DEATH Feb. 13	(Month) (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3/25/1875	9. AGE last birthday 75	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechant			10b. KIND OF BUSINESS OR INDUSTRY OWN General Merchandise	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME John W. Thomas			14. MOTHER'S MAIDEN NAME Elizabeth Tunis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Carroll Thomas - Cambridge, Md.	
18. MEDICAL CERTIFICATION					

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

- 420.1 Immediate cause (a) Coronary Thrombosis Sudden
- 93d Antecedent cause(s) (b) Chronic myocarditis 6 years
- Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis 14 years

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY?

Yes  No 

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				

22. I hereby certify that I attended the deceased from June 1, 1951, to Feb. 13 1951, that I last saw the deceased

alive on Feb. 10, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/15/51	NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Park	LOCATION (City, town, or county) Cambridge	(State) Md.
DATE REC'D BY LOCAL REG 2/15/51	REGISTRAR'S SIGNATURE John Mace Jr., M.D.	24. FUNERAL DIRECTOR DeCompte Funeral Service	ADDRESS 590699	

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 111  
7487

1. PLACE OF DEATH- COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		COUNTY		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in his place)		Maryland		Dor.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<i>Dorchester Secretary Coffey</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		<i>Secretary</i>		
3. NAME OF DECEASED (Type or Print)		(First) <i>Mary</i>	(Middle) <i>(none)</i>	(Last) <i>Whiteley</i>	4. DATE OF DEATH	(Month) <i>2/12</i>	(Day) <i>1951</i>	
SEX	6. COLOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	If over 24 hrs. Hours	
<i>Female</i>	<i>White</i>	<i>8/8/1876</i>	<i>74</i>	<i>yrs.</i>				
10a. USUAL OCCUPATION (Give kind of work done during 6 mos. of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY		
<i>Housewife</i>		<i>Confectioner</i>		<i>Maryland</i>		<i>U.S.A.</i>		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
<i>Sigmund Money</i>		<i>Jannah (Don't know)</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS				
<i>No</i>		<i>160</i>		<i>Frank Money (Brother)</i>				
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
Immediate cause		(a) <i>Cerebral hemorrhage</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last		(b) <i>General arteriosclerosis</i>						<i>1 yr +</i>
(c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
								Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
m.								
22. I hereby certify that I attended the deceased from <i>2/7</i> , 1951, to <i>2/10</i> , 1951, that I last saw the deceased alive on <i>2/11</i> , 1951, and that death occurred at <i>3:30 A</i> m., from the causes and on the date stated above.								DATE SIGNED <i>2/14/51</i>
SIGNATURE		ADDRESS						
<i>We Harrison MD</i>		<i>Burlock Md.</i>						
23. BURIAL, Cremation REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county)		(State)	
<i>2/14/51</i>		<i>Clarendon Colored Cemetery</i>	<i>Secretary Dor. Md.</i>					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS			
<i>2/14/51</i>		<i>Elizabeth C Smith</i>	<i>832 Willow Bay</i>		<i>Baltimore</i>			

